DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 10008257-1

FOR PATENT APPLICATION

. As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System For Automatically Recognizing Devices Connected In A Distributed Processing Environment

and oppositionation of wi	11011 13 0	ittachea hereto amess	the following box is ci	iecked:			
	() was filed on as US Application No. or PCT International Application						
Number		and was amen	ded on	(if applicable).			
hereby state that I have reviewed and understood the contents of the above-identified specification, neluding the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to isclose all information which is material to patentability as defined in 37 CFR 1.56.							
oreign Application(s) and/o	r Claim of	Foreign Priority					
hereby claim foreign priori nventor(s) certificate listed a filing date before that of the	below and	d have also identified below	any foreign application for p	ny foreign application(s) for patent or patent or inventor(s) certificate having			
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
				YES: NO:			
				YES: NO:			
Provisional Application							
hereby claim the benefit u below:	nder Title	35, United States Code Se	ection 119(e) of any United	States provisional application(s) listed			
		APPLICATION NUMBER	FILING DATE				
J. S. Priority Claim							
nsofar as the subject matte nanner provided by the first	r of each t paragrap le 37, Co	of the claims of this applic oh of Title 35, United State de of Federal Regulations, S	ation is not disclosed in the s Code Section 112, I acknotection 1.56(a) which occurre	tates application(s) listed below and, prior United States application in the owledge the duty to disclose material and between the filing date of the prior			
APPLICATION NUMBER		FILING DATE		itented/pending/abandoned)			
				, and the state of			

OWED OF ATTORNEY.		l					
OWER OF ATTORNEY: ss a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all usiness in the Patent and Trademark Office connected therewith:							
0	Manager	000070	Place Customer	1			
Customer	Number	022879	Number Bar Code Label here				
Send Correspondence to			Direct Telephon	Colle Te			
HEWLETT-PACKARD COMPANY Intellectual Property Administration James R. McDaniel							
P.O. Box 272400 Fort Collins, Colorado 8	0527-240	00	(208) 396-409	(208) 396-4095			
hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or mprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful alse statements may jeopardize the validity of the application or any patent issued thereon.							
Full Name of Inventor: She	ll S. Sin	npson	Citizenship: US	Citizenship: US			
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Com and Com							

Rev 06/01 (DecPwr)

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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

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	Kio Q Z	mystan	8/20/	01
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	V			
	Full Name of # 4 joint inventor:			Citizenship:
4 1	Residence:			
7	Post Office Address:			
1				
Ī	Inventor's Signature		Date	
-	Full Name of # 5 joint inventor:			Citizenship:
3	Residence:			
Ū	Post Office Address:			
1	Inventor's Signature			
-	inventor's Signature		Date	
å				
	Full Name of # 6 joint inventor:			Citizenship:
	Residence:			
	Post Office Address:			
	Inventor's Signature			
	o orginature	· ·	Date	
	Full Name of # 7 joint inventor:			Citizenship:
	Residence:			
	Post Office Address:			
	Inventor's Signature		D-4-	
	=	'	Date	
	Full Name of # 8 joint inventor:			
	Residence:			Citizenship:
	Post Office Address:			
	Inventor's Signature		Date	